Interdisciplinary Neurosurgery: Advanced Techniques and Case Management 1 (2014) 1–2

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Welcome to Interdisciplinary Neurosurgery

Welcome to Interdisciplinary Neurosurgery: Advanced Techniques and Case Management (INAT). INAT is a new Elsevier Open Access online-only journal with the mission to promote new ideas and treatment concepts, as well as training aspects in Neurosurgery. "Modern neurosurgery" faces rapidly evolving knowledge and progress in Neurosciences with cutting edge discoveries in neuroimaging, neurobiology and neurorestoration that offer new potentials for the diagnosis and treatment of neurosurgical and neurological diseases. Translating this from bench to bedside, this mandates inter- and transdisciplinary collaboration, involving clinicians and basic scientists from related disciplines in Neurosciences. INAT is dedicated to publishing

- Case reports/Case series
- Technical notes
- Neuroanatomical studies
- Letters to the Editor/Short communications

that communicate and promote new and unconventional ideas and concepts, treatment options, approaches and neurosurgical techniques as well as lessons learned.

INAT aims to change the culture in neurosurgical reporting. Progress in neurosciences is moving at a fast pace, and yet, the design and conduction of a prospective clinical trial with larger patient factor and with modern impact takes years until publication in the final shape. As to their anecdotal character, Case reports and Case series as well as Technical notes have low priority in scientific journals. Generally, cases with exceptional new pathology are favoured, while every case scenario has some unique nuances and challenges that are worthy of communication for clinical, practical and training purposes and to carve the pyramid of evidence. INAT does not claim a final conclusion, but aims for the fast communication and exchange of individual experience and success, even with preliminary nature, where colleagues excelled in managing cases and smaller case series that kick off and provide the foundation for larger neurosurgical case studies of the future. The focus of Technical notes is on both advanced surgical techniques and tools, and new treatment modalities of neurological and neurosurgical diseases, such as implanting of biotechnical devices to restore brain function, improve functional outcome of brain and spine surgery, traumatic brain and spine injury, diseases of the peripheral nervous and cerebrovascular system. This also touches on the potential to broaden indications for the neurosurgeon in the field neurorestoration, e.g. administering of stem cells into the central nervous system and cerebrospinal fluid. Basic research studies, as well as submission of experimental studies and experimental trials, that help to translate the research findings into clinical neurosurgical applications are also welcome and considered. Neuroanatomical studies should have implications for challenging technical surgical scenarios and situations, specifically discussing options of endoscopic vs. open microsurgical approaches or interventional vs. microsurgical treatment of cerebrovascular diseases, and model potential pitfalls in surgery.

The interdisciplinary aspect of INAT, with a focus on the advanced management of neurosurgical cases, is unique. While colleagues from clinical disciplines, such as Neurology, Radiology, Pathology, Neurooncology, Neurocritical Care, Neuropsychiatry, Rehabilitation, Plastic surgery, Orthopedic surgery, Ophthalmology and ENT are encouraged to present, INAT is not exclusive of matters from any field of medicine and basic sciences that supports the advanced management of neurosurgical patients through interdisciplinary effort and collaboration. Editorial board members have been constituted from each of the above disciplines. Associate Editors are representing the specialties Neuroimaging and Neurocritical care, which have evolved as an important subject for neurosurgeons. Advances in imaging techniques (e.g. intraoperative MRI, Image-guided Neurosurgery, OR suites with integrated neuroimaging) have changed and improved planning, treatment options and safety of neurosurgery. Neurocritical care has attracted neurosurgeons in the management of critically ill patients as it is concerned with improved surgical outcome on a day to day basis.

This all demands fast and facilitated processing of the new knowledge, almost to a same pace as seen with publications in pharmacological treatment of diseases. The new journal will facilitate the publishing process and publishing character through an attractive on-line publishing platform.

INAT welcomes on board a number of new and innovative publishing features, including the Elsevier Your-Paper-Your-Way programme, Article-Based-Publishing and many more. As with all Elsevier publications, INAT offers authors usage of its sophisticated online submission and peer review facility, which is fast, efficient and provides step-by-step instructions on how to submit your article. Once published, all INAT papers will be listed in ScienceDirect, and indexed in Scopus; PubMed Central will be applied for as soon as possible. ScienceDirect enjoys unparalleled international readership and article dissemination, with 10 million active users monthly from over 120 countries.

In an effort to continue making the submission and publication process as seamless as possible for our authors, INAT will also offer submitting authors the option to participate in the Your-Paper-Your-Way programme. By removing the requirement for journal

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specific formatting and reference style amending, we look to alleviate some of the time and effort that goes into preparing a manuscript for various journal styles. Once accepted, papers will be reformatted in accordance with the journal style by the Elsevier teams. In the meantime, journal readers will be able to view and cite the author accepted manuscripts.

In 2010 Elsevier introduced article-based publishing for journals, making final and citable articles available online faster, and improving their findability. Accepted articles in INAT will be published as soon as possible without waiting for an issue to be compiled when they appear in an "Issue in Progress". Benefits include final and citable articles are published without needing to wait until a journal issue is complete, publication speed is improved by an average of 7 weeks and faster citations.

Coupled with the Open Access model of this journal, the article-based publishing workflow will offer our authors substantial benefit from the fast online availability of their papers, ensuring their work reaches their peers as quickly as possible.

For authors submitting and publishing in INAT and other Elsevier titles, agreements have been established with the numerous funding bodies, such as NIH, Wellcome Trust and more. These agreements ensure authors can comply with funding body open access policies. Some funding bodies may also reimburse their funded authors for open access publication fees. Authors submitting their paper for publication in INAT will be offered various options for user licenses. During 2014 we are extending a launch discount of 50% on the article processing charge to all authors accepted for publication.

With this endeavour, INAT also wants to provide a career platform for young neurosurgeons to allow them to publish on cases that may contradict traditional concepts, propose new and unconventional ideas, insight into "lessons learned" and introduce new diagnostic tools and surgical techniques and implement biotechnology – to promote Cutting-Edge Neurosurgery. Journals of translational medicine and interdisciplinary flavour certainly have evolved in abundance, however, INAT would be unique with a strong neurosurgical focus and flavour as stated above.

With pleasure INAT can announce its first four articles that reflect the aims of reporting advanced interdisciplinary management of rare clinical scenarios:

1) MR imaging has documented reactions to hemostatic agents that have caused neurological deterioration after brain tumor surgery; however, if managed with surgical revision in timely fashion has saved patients outcome.
2) Supportive conservative management of a spinal stab wound with rehabilitation and intense physiotherapy provided an integral therapy for complete neurologic recovery.
3) Experiences with a new cardiac Left Ventricular Assist Device and complications with anticoagulants in the neurocritical care setting.
4) Proposal of new pharmacological adjuvant treatment in brain tumors with a certain genetic deficit and review of evidence from the bench.

I welcome our new readers and sincerely thank the section editors and members of the new editorial board for volunteering to help make this journal a success.

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